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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:		Attorney D	ocket No.	20253-71466					
	ant Commissioner for Patents	First Name	ed Inventor	Michael Shane Cavanaugh					
Box Re		Original Pa	tent Number	6,065,596					
	ngton, DC 20231		ntent Issue Date h/Day/Year)	May 23, 2000					
		Express M	ail Label No.	EV271630787US 0					
APPLICATION I (Check appl	FOR REISSUE OF: Utility Pate	nt	Design Patent Plant Patent						
APPLIC	CATION ELEMENTS (37 CFR 1.173)	ACCC	ACCOMPANYING APPLICATION PARTS						
1. Submit an orig	mittal Form (PTO/ SB/ 56) ginal, and a duplicate for fee processing)	10.	Statement of status to the claims. See 3	and support for all changes 7 CFR 1.173 (c).					
2. Applicant c	laims small entity status. See 37 CFR 1.27.	11.	Original U.S. Patent	for surrender					
	on and Claims in double column copy of patent ended, if appropriate)		Ribboned Original Patent Grant						
4. T Drawing(s)	(proposed amendments, if appropriate)		Statement of Loss	s (PTO/SB/55)					
5. Reissue Oa	ath/Declaration (original or copy) (unsigned) § 1.175) (PTO/SB/51 or 52)	12.	Foreign Priority Claim (35 U.S.C. 119) (if applicable)						
6. Power of A		13.	Information Disclosu Statement (IDS)/PT	•					
7. Original U.S. Pat	ent currently assigned? Yes Vo	14.	English Translation	of Reissue Oath/Declaration					
(If Yes, check ap	plicable box(es))	14. []	(if applicable)						
Written Co	onsent of all Assignees (PTO/SB/53)	15.	15. Preliminary Amendment						
37 C.F.R. (PTO/SB/	§ 3.73(b) Statement 96)	16.	16. Return Receipt Postcard (MPEP 503) (Should be specifically itemized)						
8. CD-ROM or large ta	or CD-R in duplicate, Computer Program (Appendix)								
9. Nucleotide and/or (if applicable, all o	Amino Acid Sequence Submission of the following are necessary)		Patent Grant (b) Express Mail Certificate						
a. Compute	(b) Express M	all Certificate							
i□ cd-R	b. Specification Sequence Listing on: i CD-ROM (2 copies) or CD-R (2 copies); or								
	ii □ paper								
c. Statemen	its verifying identity of above copies	OF ADDD=							
	18. CORRESPONDENCE ADDRESS								
Customer Number or Bar Code Label (Insert Custom Migraph (March the application)) (Insert Custom Migraph (March the application))									
Name 'A Maria Mari									
23643									
Address PATENT TRADEMARK OFFICE Zip Code									
City	State		Fax						
Country	Telephone								
NAME (Print	NAME (Print/Type) Ronald S. Henderson Registration No. (Attorney/Agent) 43669								
Signature (Fillio	Ronald S. Henderson	 	Date	July 3, 2003					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number											
Claims as Filed - Part 1																	
Claims	Claims in			Number Filed in		(3)	u - Fai		Sma	ll En	tity		Other than a Small Entity				
Paten			Reissue Application		Nun		Extra	Ra	ite		Fee		F	Rate		Fee	
(A) 1	2	Total Claims (37 CFR 1.16(j))	(B)	12	***	o	=	×\$	9	=	\$0	or	×\$	18	=		\$0
(C) 3	3	Independent claims (37 CFR 1.16(i))	(D)	3		0	=	×\$	42	=	\$0		x\$	84	=		\$0
Basic Fee (37 CFR					\$375												
					To	otal F	Filing F	ee			\$375						\$0
	Claims as Amended - Part 2																
		(1)		(2) (3)				Small Entity			ntity	Other than a Small Entity					
	Claims Remaining After Amendment			Highest Numbe Previously Paid For		y Claims		Rate		Fee		Rate			Fee		
Total C		12	MINUS	** 20	,	* =	0	×\$	9	_	s	0	×\$	18	=		\$0
Indepen Claims (37 Cl	ndent	*** 3	MINUS	*****		=	0	×\$	42	=	s	0	×\$	84	=		\$0
						To	otal Ad	dition	al Fe	е	\$	0		OR .			\$0
* If the entry in (D) is less than the entry in (C), Write "0" in column 3. ** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. *** After any cancellation of claims. *** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). *** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No																	
July 3, 2003 Date						Royald J. Helderson Ronald S. Henderson Typed or printed name Registration No. 43669											

CERTIFICATE OF Applicant(s): Michael S	MAIL" (37 CFR 1.10)	Docket No. 20253-71466							
Serial No. Unknown	Filing Date Herewith	Examiner Unknown	Group Art Unit Unknown						
Invention: CONTAINE	R FOR SHARP INSTRUMENTS								
I hereby certify that the following correspondence: Reissue Application (including transmittal sheets and \$375.00 check); Status of Claims and Support for Claim Changes Under 37 CFR 1.173(C); Declaration by Inventor (unsigned); Offer to Surrender Original Patent Grant (unsigned); Preliminary Amendment; Information Disclosure Statement (Identify type of correspondence)									
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on									
July 3, 2003 (Date)									
•	Karen Taylor (Typed or Printed Name of Person Mailing Correspondence) (Signature of Person Mailing Correspondence) EV271630787US ("Express Mail" Mailing Label Number)								
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